

Down Syndrome Healthcare Guidelines (2011 Revision) Record Sheet*

	Birth	6 mo	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Genetic Counseling ¹ ,																						
Karyotype																						ı
Parent Group Info and																						
Support																						l
CBC to R/O transient																						
myeloproliferative disorder,							Parent	-to-pare	nt cont	act, sup	port gr	oups, cui	rrent boo	ks and p	amphle	ts						
polycythemia			T	T	ı	ı	1	1	1	_	T	ı	ı	ı	T	T	1	ı	T	T	T	
Swallowing assessment if																						l
feeding problems or																						I
aspiration								1	11.6		() 65	D 1.0		(1) 5 .:		<u> </u>			(6) \ \ (6)	• • • •		
Hemoglobin		Hemoglobin annually beginning at 1 year old. If Hg<11, do (a) CRP and ferritin, or (b) Reticulocyte Hemoglobin Content (CHr). If possible risk for iron deficiency, do (a) or (b) regardless.																				
22 valent provincescal					1	1		I	1		l	cy, do (a	i) or (b) r	egardiess). 	1	1	l	1	1	l	
23-valent pneumococcal vaccine ²																						I
Cardiology	Echo ⁴														Scr	een for	acquire	d mitra	l or sor	tic valvi	ılar dise	250
										<u></u>					Screen for acquired mitral or aortic valvular disease							
Audiological Evaluation	ABR or	Every 6	months	till 3 ye	ears of a	ige. Anr	nually t	hereafte	er.													I
	OAE																					
Ophthalmologic Evaluation	Red	Optho	An	nual op	hthalm	ology a	ppt			Q2 Opl	nthalmo	ology app	oointmer	t			Q3 C	phthali	mology	appoint	ment	
	Reflex	Appt		T																		
Celiac Disease Screening											(On	ly test if	signs and	sympto	ms pres	sent)						
Thyroid – TSH, T4	State	Test	Test								-	Test TSH	l and T4	annuall	v							
, ,	Screen												· ana · ·	aaa	,							
Neck X-ray (AAI) ³					40																	
Neek X Tay (AAI)					√ 3																	<u> </u>
Dental Exam						Anr	nual De	ntal Exa	ms. Rea	assure p	arents t	that dela	yed or ir	regular e	ruption	, hypod	lontia ai	re comr	non.			
Sleep Study by age 4 years		Done prid	or to 4 y	ears of	age																	
Early Intervention																						
Childhood									Disc	uss self	help, A	DHD, OC	D, wand	ering off,	transiti	on to n	niddle s	chool				
Puberty										l					Discus	ss physi	cal and	nsvcho	social c	hanges	through	
															puberty, need for gynecologic care (pelvic exams) in pubescent female							
Facilitate transition															Guardianship, financial planning, behavioral problems,							ems.
															school placement, vocational training, independence							
															with hygiene and self-care, group home, work settings							
Sexual development and															Discuss Contraception, STDs, recurrence risk for							
behaviors															offspr							
Preventive care						Anı	nually r	nonitor	for sign	s and s	mptom	s of con	stipation	. OSA. an	d asnira	ation.						
	Annually monitor for signs and symptoms of constipation, OSA, and aspiration.																					

- Discuss Recurrence Rate of future pregnancies with parents 1.
- 23-valent pneumococcal vaccine if chronic or pulmonary disease.
- AAI: See AAP Guidelines page 399 X-rays only if myopathic signs or symptoms * Peds 2011 ;128 :393-406 Chart by Sie Center for Down Syndrome
- Follow up to be determined by Cardiologist